



Full Disclosure of Ownership Statement Instructions

The Full Disclosure of Ownership Statement is designed to ensure that Health and Human Services, Regulation and Licensure is aware of accurate and complete ownership in your child care/preschool program. When we use the term “ownership of your child care/preschool program” we are not referring to the building, we are referring to the actual program. If you are unsure, some questions you might ask yourself are who or what entity is fiscally responsible for the operation of the program, who or what entity is responsible for hiring the Director? You should also consider consulting with your accountant or attorney for their advice. The following will help you complete the Full Disclosure of Ownership correctly.

Child Care/Preschool programs fall into 2 categories: Non-Profit and/or Governmental Entities OR For-Profit.

Non-Profit and/or Governmental Entity

- ❖ Your legal name of Non-Profit Corporation or Governmental unit: is the name listed with the Secretary of State’s Office. Please be aware that we will be checking with the Secretary of State’s Office.
- ❖ To ensure correct Authorized Representative’s Signatures, please include a current list of board members.

For-Profit: Individual, Partnership, Limited Liability Corporations (LLC), Corporations

- ❖ Ownership of Child Care/Preschool Program (# 8): Please ensure the legal name is the same name that is registered with the Secretary of State’s Office.
- ❖ If you are a Partnership, **all** partners must be listed on the form **regardless** of their financial interest, investment or involvement in the operation of the program.
- ❖ If you are a LLC or Corporation please include a current list of board members/board officers.

Failure to complete the Full Disclosure of Ownership Statement accurately or truthfully may result in a negative action.

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
CREDENTIALING DIVISION**

CHILD CARE LICENSING PROGRAM

Full Disclosure of Ownership Statement: Non Profit Corporations and Governmental Entities

IDENTIFYING INFORMATION

1. NAME OF CHILD CARE/PRESCHOOL PROGRAM _____

2. ADDRESS OF CHILD CARE/PRESCHOOL PROGRAM _____

(Street Address, City, State, Zip Code)

3. TELEPHONE NUMBER: _____ Fax Number (optional): _____ E-mail (optional) _____
Area Code Area Code

4. 501 C 3 NUMBER OF NON PROFIT CORPORATION _____

5. FEDERAL IDENTIFICATION NUMBER OF CORPORATION _____

6. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____

(Street Address, City, State, Zip Code)

7. POSITION WITHIN ORGANIZATION AUTHORIZED TO SIGN APPLICATIONS AND OTHER LICENSING DOCUMENTS: _____

Name (Type or Print) _____

Position (i.e. Authorized Agent, Director) _____

(Street Address, City, State, Zip Code)

OWNERSHIP INFORMATION

8. BUSINESS ORGANIZATION: (Check one)

_____ Non-Profit Corporation

_____ Governmental Unit (_____ State, _____ District, _____ County, _____ City or Municipal)

9. LEGAL NAME OF NON PROFIT CORPORATION OR GOVERNMENTAL UNIT _____

10. MAILING ADDRESS: _____

(Street Address, City, State, Zip Code)

11. PHONE NUMBER: _____ E-Mail Address (optional) _____

Area Code

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services Regulation and Licensure for Family Child Care Homes, Child Care Centers, **or** Preschools and will comply with them should a license be issued. I/we have fully disclosed all owners of the child care/preschool program, regardless of whether an owner participates in the operation of the program. I/we certify that to the best of my/our knowledge, all information and statements on all application documents are true and correct and I/we hereby apply for a license.

Full Disclosure of Ownership Statement shall be signed by:

(1) Two of its officers, if the applicant is a Non Profit Corporation; or

(2) The head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Authorized Representative & Title (Type or Print)

Signature

Date

Authorized Representative & Title (Type or Print)

Signature

Date

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE
CREDENTIALING DIVISION**

CHILD CARE LICENSING PROGRAM

Full Disclosure of Ownership Statement: Individual, Partnership, Limited Liability, For Profit Corporation

IDENTIFYING INFORMATION

1. NAME OF CHILD CARE/PRESCHOOL PROGRAM _____

2. ADDRESS OF CHILD CARE/PRESCHOOL PROGRAM _____

(Street Address, City, State, Zip Code)

3. TELEPHONE NUMBER: _____ Fax Number (optional): _____ E-mail (optional) _____
Area Code Area Code

4. FEDERAL IDENTIFICATION NUMBER OF CHILD CARE/PRESCHOOL PROGRAM _____

5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____

(Street Address, City, State, Zip Code)

6. POSITION WITHIN ORGANIZATION AUTHORIZED TO SIGN APPLICATIONS AND OTHER LICENSING DOCUMENTS: _____

Name Position (i.e. Licensee, Authorized Agent, Director)

(Street Address, City, State, Zip Code)

OWNERSHIP INFORMATION

7. BUSINESS ORGANIZATION: (Check one)

- ☐ Individual (one owner)
☐ Partnership (two or more owners)
☐ Limited Partnership
☐ Limited Liability Company
☐ Corporation

8. OWNERSHIP OF CHILD CARE/PRESCHOOL PROGRAM _____
(Legal Name of Individual(s), Partnership, Limited Partnership, Corporation)

9. MAILING ADDRESS: _____
(Street Address, City, State, Zip Code)

10. PHONE NUMBER _____ E-Mail Address (optional) _____
Area Code

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services Regulation and Licensure for Family Child Care Homes, Child Care Centers, **or** Preschools and will comply with them should a license be issued. I/we have fully disclosed all owners of the child care/preschool program, regardless of whether an owner participates in the operation of the program. I/we certify that to the best of my/our knowledge, all information and statements on all application documents are true and correct and I/we hereby apply for a license. I/we understand that background checks will be conducted on all owners.

Full Disclosure Statement shall be signed by:

- (1) The owner, if the application is an individual
(2) All owners, if the applicant is a partnership
(3) Two of its members, if the applicant is a limited liability company
(4) Two of its officers, if the applicant is a corporation

OWNER or AUTHORIZED REPRESENTATIVE - Current Legal Name and All Other Names Used _____
(Print or Type)

OWNER MAILING ADDRESS: _____
(Street Address, City, State, Zip Code)

PHONE NUMBER OF OWNER: _____ E-Mail Address (optional) _____
(Area Code)

Signature Social Security Number Date

OWNER or AUTHORIZED REPRESENTATIVE - Current Legal Name and All Other Names Used _____
(Print or Type)

OWNER MAILING ADDRESS: _____
(Street Address, City, State, Zip Code)

PHONE NUMBER OF OWNER: _____ E-Mail Address (optional) _____
(Area Code)

Signature Social Security Number Date

OWNER or AUTHORIZED REPRESENTATIVE - Current Legal Name and All Other Names Used _____
(Print or Type)

OWNER MAILING ADDRESS: _____
(Street Address, City, State, Zip Code)

PHONE NUMBER OF OWNER: _____ E-Mail Address (optional) _____
(Area Code)

Signature Social Security Number Date

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(Print or Type)

OWNER MAILING ADDRESS: _____
(Street Address, City, State, Zip Code)

PHONE NUMBER OF OWNER: _____ E-Mail Address (optional) _____
(Area Code)

Signature Social Security Number Date

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(Print or Type)

OWNER MAILING ADDRESS: _____
(Street Address, City, State, Zip Code)

PHONE NUMBER OF OWNER: _____ E-Mail Address (optional) _____
(Area Code)

Signature Social Security Number Date